

FILED NOV 17 1950

## STANDARD CERTIFICATE OF DEATH

38266

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9448

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2169</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3657 Winnebago Avenue</u>		12. STREET ADDRESS (If rural, give location) <u>3657 Winnebago Avenue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>E.</u> c. (Last) <u>Beckmann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 27, 1895</u>
9. AGE (In years last birthday) <u>55</u>	10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Doctor</u>	11. BIRTHPLACE (State or foreign country) <u>Morrison, Missouri</u>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Fred Beckmann</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Biesemeyer</u>	
14. NAME OF HUSBAND OR WIFE <u>Hilda Beckmann</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Hilda Beckmann</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac dilatation</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 hours</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac asthma</u> DUE TO (c) <u>Nephritis</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>5913X</u>		22. I hereby certify that I attended the deceased from <u>April 4, 1950</u> , to <u>Nov. 5, 1950</u> that I last saw the deceased alive on <u>Nov. 5, 1950</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>N. S. Johnson</u>		23b. ADDRESS <u>6400 Morganland</u>	
23c. DATE SIGNED <u>11-6-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov. 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Chirchyard</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Weick Bros.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 7 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Weick Bros.</u>		ADDRESS <u>2201 So. Grand Blvd.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4053

P. O. Address. H. S.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.